

## **FORM ACF-202 - TANF CASELOAD REDUCTION REPORT**

**FFY 2007**

### **INTRODUCTION**

The State of New Hampshire, Department of Health and Human Services is required to complete and submit annually, Form ACF-202, the Caseload Reduction Report for the Federal Fiscal Year (FFY), to the U.S. Department of Health and Human Services, Administration for Children and Families, in accordance with federal regulations at 45 CFR 260 et seq.

The federal Temporary Assistance for Needy Families (TANF) block grant includes specific performance expectations and requirements to help federal and state governments measure program success. All states are required to meet specific work participation rates, which reflect the percentage of families receiving TANF assistance that must be engaged in federally-defined work activities.

The reduction report provides an analysis of case closure and application activity, including activity related to changes in eligibility criteria. The caseload reduction credit for FFY 2007 reduces the state's work participation rate for that fiscal year based on the decline in the FFY 2006 assistance caseload compared to FFY 2005. The methodology and the case number estimates used are included in this document.

A notice to solicit public comments was published in the *Manchester Union Leader*, which provides statewide circulation, and in the *Concord Monitor* newspapers on February 5, 6, and 7, 2007. This report was also made available on the Department of Health and Human Services Website. Written comments were to be submitted by February 22, 2007. Since that publication, the Department of Health and Human Services identified a substantial amount of unclaimed maintenance of effort spending and revised its FFY 2007 Caseload Reduction Report. The revised report is posted to the Department of Health and Human Services website and will be available for comment for a period of two weeks.

# **FORM ACF-202 – TANF CASELOAD REDUCTION REPORT CASELOAD REDUCTION CREDIT METHODOLOGY**

## **INTRODUCTION**

During FFY 2006, New Hampshire operated two (2) assistance programs under the authority of the federal Temporary Assistance for Needy Families (TANF) block grant.

The New Hampshire Employment Program  
The Family Assistance Program

The New Hampshire Employment Program (NHEP) provides financial assistance and employment and training support to low income families with children who meet the state's requirements for public assistance. NHEP is funded with state funds and a federal block grant under the federal program entitled Temporary Assistance to Needy Families (TANF).

The Family Assistance Program (FAP) provides financial assistance to families where the children are cared for by a relative who is not receiving assistance or where the parent or other relative is considered unable to work because of a physical or mental disability. There is no mandatory work requirement for the Family Assistance Program.

The NHEP and FAP programs provide assistance through a separate state program for families in which there is a dependent child over the age of 18 but under the age of 20, who is attending secondary school, or the equivalent, full-time and is living in the home of a specified relative. 2-Parent Families are also funded through a separate state program.

Additionally, New Hampshire social service agencies and businesses provided programs to low-income New Hampshire families with children to promote education as a means to eliminating child poverty, reducing the risk of unwed pregnancies, and to prevent dependency on public assistance through the provision of one-time, non-recurrent assistance to address a specific episode of need. The cost of these services, funded solely with non-federal and non-matching funds for other programs, is claimed in the New Hampshire TANF program as separate state spending toward the Maintenance of Effort requirements of the TANF program. For convenience in reviewing the caseload reduction credit excess maintenance of effort calculation, we are attaching to this report the pertinent pages to be included in the State of New Hampshire Annual Report for FFY 2006 that is currently being revised.

**FORM ACF-202 – TANF CASELOAD REDUCTION REPORT**  
**TANF ASSISTANCE PROGRAM NARRATIVE & METHODOLOGY**

**Analysis of the Effect of Policy Changes**

In anticipation of the reauthorization of the TANF program, New Hampshire made no changes to eligibility in its TANF program during FFY 2006. Therefore, there are no impacts on caseloads due to changes in eligibility to be reported.

New Hampshire's caseload reduction credit is computed at 26% based on the reduced caseload in FFY 2006 (4,658) compared to the caseload in FFY 2005 (6,302). The following methodology is used to determine the caseload reduction including the impact on the caseload through the application of excess maintenance of effort spending in FFY 2006:

**New Hampshire FFY 2006 Maintenance of Effort Spending**

TANF Assistance Programs	\$31,280,046
Separate State Programs	<u>\$14,837,267</u>
Total Maintenance of Effort FFY 2006	\$46,117,313
Less: Required Maintenance of Effort FFY 2006 @ 75%	<u>(\$32,115,100)</u>
Excess Maintenance of Effort FFY 2006	\$14,002,213

**Caseload Methodology**

TANF Co-mingled Caseload	6,105
TANF Separate State Program Caseload	<u>152</u>
Total Caseload	6,257
Less: Families served by Excess MOE	<u>(1,599) *</u>
<b>Total FFY 2006 TANF Caseload</b>	<b><u>4,658</u></b>

Total TANF Assistance Spending FFY 2006	\$54,788,069 **
Average monthly caseload	6,257
Assistance divided by average monthly caseload	
Equals average cost of assistance per case	\$ 8,756

* Excess Maintenance of Effort Spending	\$14,002,213
Calculated annual cost of assistance	\$ 8,756
Excess MOE / annual cost of assistance	
<u>Equals Families Served by Excess MOE</u>	<u>1,599</u>

\*\* Excludes expenses reported on the ACF 196 as Administration, Systems, and Authorized under Prior Law.

## **FORM ACF-202 - TANF CASELOAD REDUTION REPORT**

State: New Hampshire

Fiscal Year to which credit applies: 2007

### **PART 2 – Estimate of Caseload Reduction Credit**

<b>Impact of All Changes</b>		<b>Caseload Reduction Calculation</b>
FY 2005 TANF Caseload		6,144
FY 2005 SSP Caseload		<u>158</u>
<b>Total FFY 2005 Caseload</b>		<b>6,302</b>
FY 2006 TANF Caseload		6,105
FY 2006 SSP Caseload		152
Excess MOE Caseload reduction		<u>(1,599)</u>
<b>Total FFY 2006 Caseload</b>		<b>4,658</b>
Actual Decline	1,644	26%
Decline -- Net Impact		1,644
<b>Caseload Reduction Credit</b>		<b>26%</b>

Under CFR Part 261.43 “What is the definition of a “case receiving assistance” in calculating the caseload reduction credit? States: (2) A State that is investing State MOE funds in eligible families in excess of the required 80 percent or 75 percent basic MOE amount need only include the pro rata share of caseloads receiving assistance that is required to meet the basic MOE requirements.

**FORM ACF-202 – TANF CASELOAD REDUCTION REPORT**

**State: New Hampshire    Fiscal Year to which credit applies: 2007**

PART 3 -- Certification

I certify that we have provided the public an appropriate opportunity to comment on the estimates and methodology used to complete this report and considered those comments in completing it. Further, I certify that this report incorporates all reductions in the caseload resulting from State eligibility changes and changes in Federal requirements since Fiscal Year 2005.

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(signature)

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Terry R. Smith  
(name)

Director, Division of Family Assistance, Department of Health & Human Services  
(title)

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006**Date Submitted** 04-12-2007

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

Dropout Prevention and Recovery

2. Description of the Major Program Benefits, Services, and Activities:

The program is administered by the New Hampshire Jobs for America's Graduates non-profit organization. The program provides services to at-risk youth to remain in school and to return to school. The program provides behavior modification opportunities leading to better choices and citizenship. Students are given academic assistance and proven path methods to return to school and/or remain in school.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 257,000

7. Total State Expenditures Claimed as Excess MOE under the Program for the Fiscal Year

\$ 257,000

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

250 Individuals

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

This last figure represents (check one):

     The average monthly total for the fiscal year.

  X   The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable - Open to school-aged children

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes      No   X  

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 0.00

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

## Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

The Mayhew Program

2. Description of the Major Program Benefits, Services, and Activities:

The Mayhew program provides several character-building activities for at-risk boys ages 10 to 17 years old. Youth development includes both athletic and academic challenges to promote achievement. The main focus of the program is to encourage social and behavioral development to becoming responsible members of their communities.

Mayhew is a preventative program. The program provides a safe haven, adult supervision and summer camps.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 289,256

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 289,256

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

## 8. Total Number of Families or Individuals Served under the Program with MOE Funds:

190 Boys 10 – 17 years old.

This last figure represents (check one):

☐ The average monthly total for the fiscal year.☒ The total served over the fiscal year.

## 9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. Mayhew serves boys in financial need. The great Marjory live in families whose household income falls below 200% of the federal poverty level.

## 10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes ☐ No ☒

## 11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 347,749

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. SmithTITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

After School programs provided by the Salvation Army of New Hampshire.

2. Description of the Major Program Benefits, Services, and Activities:

The After School programs sponsored by the Salvation Army of New Hampshire provide school-aged children of working families with quality settings that encourage academic achievement. Activities include homework time, computer lab and access to mentors. Following the mission of the nation organization, The New Hampshire facilities promote responsible behavior, honesty, and caring that contribute to better citizenship and reduced incidences of out-of-wedlock pregnancies.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 457,035

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 457,035

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

1,617 School-aged children

This last figure represents (check one):

STATE: New Hampshire

Fiscal Year to which Credit Applies: FFY 2007

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

     The average monthly total for the fiscal year.

  X   The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. The Salvation Army after-school program serves children in financial need. The majority of enrolled children live in families whose household income falls below 200% of the federal poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes      No   X  

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 49,318

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**

State New Hampshire

Fiscal Year FFY 2006

**ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT**  
**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

Home Energy Assistance Residential Retrofit Program

2. Description of the Major Program Benefits, Services, and Activities

Qualified low-income families living in an apartment or house, either rented or owned, can receive one-time services from the Low Income Home Energy Assistance Residential Retrofit Program. Services include a customized report analyzing their home. Improvements include insulation, thermostats, lighting upgrades, and weather stripping applied to doors & windows. Recommendations on how to use energy more efficiently are also provided. The program is administered by the Community Action Program of Belknap – Merrimack Counties Inc.

3. Purpose(s) of Benefit or Service Program:

One-Time Assistance

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 1,099,812

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 1,099,812

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

715 families

This last figure represents (check one):

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

     The average monthly total for the fiscal year.

  X   The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Eligible families must have at least one child under the age of 18 living at the residence.  
Eligible families must also have a total household income that is at or below 185% of the federal poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes      No   X  

11. Total Program Expenditures in FY 1995.  
(NOTE: provide only if the response on to question 10 is No.)

\$ 0.00

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

New Hampshire Electric Assistance Program

2. Description of the Major Program Benefits, Services, and Activities:

The Electric Assistance Program (EAP) provides temporary assistance to indigent families by providing a discount on their monthly electric bill. The Community Action Program Belknap - Merrimack Counties is a non-profit organization that administers this statewide program. Eligible Families must have at least one child under 18 years old living at the residence. Eligible families must have an annual income that is less than 185% of the federal poverty level.

3. Purpose(s) of Benefit or Service Program:

To provide temporary assistance [less than 4 months] to low-income families. This type of assistance helps to keep families from becoming TANF recipients.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 2,549,088

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 2,549,088

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

3,513 families

This last figure represents (check one):

☐ The average monthly total for the fiscal year.

☒ The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Eligible families must have at least one child under the age of 18. Eligible families must also have a total household income that is at or below 185% of the federal poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes ☐ No ☒

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 0.00

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

Camp Spaulding (Child & Families services of NH)

2. Description of the Major Program Benefits, Services, and Activities:

Camp Spaulding program is an overnight camp for boys & girls ages 8 to 14. Camp Spaulding is a down to earth approach to promoting positive behavior, encouraging academics and inspiring good choices. It is one of many programs supervised and administered by Child & Families Services, a non-profit organization. Camp Spaulding provides a safe quality environment where responsible social values are discussed and exhibited by the adult leadership.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 200,000

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 200,000

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

300 Girls & Boys aged 8 to 14.

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This last figure represents (check one):

    The average monthly total for the fiscal year.

  X   The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. Children attending camp Spaulding general belong to families whose household income is below 200% of the federal poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes     No   X  

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 121,504

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT**  
**Annual Report on State Maintenance-of-Effort Programs: ACF-204**

State New HampshireFiscal Year FFY 2006Date Submitted 04-12-2007

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

Teen Services Program (Child & Family Services of NH)

2. Description of the Major Program Benefits, Services, and Activities:

Teen programs include providing a safe supervised environment for at-risk teens. The street outreach service helps street youth, homeless youth, those at risk of running away and those at risk of sexual exploitation due to their lifestyle. Turnabout is a service that provides tracking, supervision and education to youth ages 11 to 17. Adolescence substance abuse treatment is available for youth ages 12 to 21 who are experiencing the problems associated with substance abuse. Screening, life assessments and individual counseling is part of the teen services. The program provides opportunities for education and behavior modifications leading to better self-esteem and better citizenship. It is one of many programs supervised and administered by Child & Families Services, a non-profit organization.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 300,000

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 300,000

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT  
6,460 teens

This last figure represents (check one):

    The average monthly total for the fiscal year.

  X   The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. Teens attending youth programs general belong to families whose household income is below 200% of the federal poverty level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes     No   X  

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 1,105,722

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**

**ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT**  
State New Hampshire Fiscal Year FFY 2006

**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

## 1. Name of Benefit or Service Program:

Child Abuse Prevention (Child &amp; Family Services of NH)

## 2. Description of the Major Program Benefits, Services, and Activities:

The Child Abuse Prevention program provides families strengthening, parenting skills and confidential sessions with counselors to prevent child abuse and encourage family unity. Conflict resolution and practical solutions are offered to manage family life and maintain two-parent families.

It is one of many programs supervised and administered by Child & Families Services, a non-profit organization.

## 3. Purpose(s) of Benefit or Service Program:

To encourage the formation and maintenance of two-parent families. Conflict resolution and practical solutions are offered to manage family life, preserve family unity and maintain two-parent families.

## 4. Program Type. (Check one)

☐ This Program is operated under the TANF program.☒ This Program is a separate State program.

## 5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

## 6. Total State Expenditures for the Program for the Fiscal Year:

\$ 150,000

## 7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 150,000

## 8. Total Number of Families or Individuals Served under the Program with MOE Funds:

2,500 families (Home Visiting Program)

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

This last figure represents (check one):

☐ The average monthly total for the fiscal year.☒ The total served over the fiscal year.

## 9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. Adults attending the child abuse prevention program generally belong to family units whose household income is below 200% of the federal poverty level.

## 10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes ☐ No ☒

## 11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 0.00

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. SmithTITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

After School Programs (YMCAs of New Hampshire)

2. Description of the Major Program Benefits, Services, and Activities:

Based on the YMCA's national mission to instill positive values and to provide opportunities for lifelong personal growth, New Hampshire's operations provide after school programs statewide. The after school programs provide safe, supervised environments where academic skills are encouraged. Planned activities include homework time, one-on-one help with academics and group projects that keep students occupied productively. The program reinforces the four YMCA character values – honesty, caring, respect and responsibility.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 1,851,567

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 1,851,567

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT  
1093 Children

This last figure represents (check one):

    The average monthly total for the fiscal year.

  X   The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. All children are welcome.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes     No   X  

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 198,800

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**

State New Hampshire

Fiscal Year FFY 2006

Date Submitted 04-12-2007

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

Youth Camp Programs (YMCAs of New Hampshire)

2. Description of the Major Program Benefits, Services, and Activities:

Based on the YMCA's national mission to instill positive values and to provide opportunities for lifelong personal growth, New Hampshire's operations provide day camp programs and over-night youth camp programs statewide. The youth camp programs provide safe, supervised environments where academic and athletic skills are encouraged. Planned activities include sports, games, crafts, field trips, swimming and projects that provide learning opportunities. The youth camp program reinforces the four YMCA character values – honesty, caring, respect and responsibility.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 2,340,650

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 2,340,650

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

8,469 Children Ages 7 to 17

This last figure represents (check one):

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

     The average monthly total for the fiscal year.

  X   The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. All children are welcome.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes      No   X  

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 351,300

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**

State New Hampshire

Fiscal Year FFY 2006

Date Submitted 04-12-2007

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

## 1. Name of Benefit or Service Program:

Community Outreach - Dropout Prevention & Recovery Programs (YMCAs of New Hampshire)

## 2. Description of the Major Program Benefits, Services, and Activities:

Based on the YMCA's national mission to instill positive values and to provide opportunities for lifelong personal growth, New Hampshire's operations provide school Dropout and Recovery programs in Manchester & Nashua. The STAY program stands for Support, Tutoring, Adventure for Youth. It helps middle school children reengage in school by learning, building social skills and working to eliminate drugs or alcohol from their lives. The TAP program is a Truancy Alternative program. It is an option for high school students who are suspended/expelled from school. The program works with the school departments to ensure that students return to school with completed work. Staff works with individuals to improve attitudes, resolve conflict and develop new skills that will make the return to school more successful. The program reinforces the four YMCA character values – honesty, caring, respect and responsibility.

## 3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

## 4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

## 5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

## 6. Total State Expenditures for the Program for the Fiscal Year:

\$ 389,442

## 7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 389,442

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

## 8. Total Number of Families or Individuals Served under the Program with MOE Funds:

410 middle school &amp; high school students

This last figure represents (check one):

☐ The average monthly total for the fiscal year.☒ The total served over the fiscal year.

## 9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. All children are welcome.

## 10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes ☐ No ☒

## 11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 152,910

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. SmithTITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

## 1. Name of Benefit or Service Program:

Youth &amp; Teen Sports Programs

(YMCAs of New Hampshire)

## 2. Description of the Major Program Benefits, Services, and Activities:

Based on the YMCA's national mission to instill positive values and to provide opportunities for lifelong personal growth, New Hampshire's operations provide a variety of Youth & Teen Sports as an alternative to after school programs statewide. The Youth & Teen Sports programs provide safe, supervised environments where athletic skills are encouraged. Planned activities include swim classes, gymnastics, team sports, tennis, basketball and the teen leadership group. These programs keep youth & teens occupied productively. The program reinforces the four YMCA character values – honesty, caring, respect and responsibility.

## 3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

## 4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

## 5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable. All are welcome. Financial assistance is given for low-income families.

## 6. Total State Expenditures for the Program for the Fiscal Year:

\$ 482,324

## 7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 482,324

## 8. Total Number of Families or Individuals Served under the Program with MOE Funds:

6,820 Children & Teens

This last figure represents (check one):

☐ The average monthly total for the fiscal year.

STATE: New Hampshire

Fiscal Year to which Credit Applies: FFY 2007

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

X The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. All children are welcome.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes     No X

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 359,776

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**

State New Hampshire

Fiscal Year FFY 2006

Date Submitted 04-12-2007

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

After School Programs  
NH)

(Plus Time of

2. Description of the Major Program Benefits, Services, and Activities:

Plustime of New Hampshire creates and maintains high quality programs for school aged youth during non-school hours. After-school programs are provided statewide and include youth consulting services, academic events and various trainings. Training topics include best practices for teens, how to incorporate youth with special needs and program quality development sessions. The after school programs provide safe, supervised environments where academic skills are encouraged.

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 655,000

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 655,000

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

1,100 School-aged children

This last figure represents (check one):

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

\_\_\_ The average monthly total for the fiscal year.

X The total served over the fiscal year.

## 9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable. All children are welcome.

## 10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes \_\_\_ No X

## 11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 12,800

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**

State New Hampshire

Fiscal Year FFY 2006

Date Submitted 04-12-2007

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

## 1. Name of Benefit or Service Program:

Diversion Incentive program

## 2. Description of the Major Program Benefits, Services, and Activities:

Diversion incentive funds are used to support and encourage cities, towns and counties to develop and maintain prevention programs, court diversion programs and alternative dispositions for juveniles other than outside of the home.

One aspect of the program enables at-risk juveniles to remain in the household, keeping the family unit intact. Prevention programs provide awareness and education, which lead to better choices by the program recipients. Program offerings include behavior modification opportunities leading to better citizenship. Another overall benefit of the program is to provide quality settings, mentoring and outcomes that contribute to reducing incidences of unplanned pregnancies

## 3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

## 4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

## 5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

## 6. Total State Expenditures for the Program for the Fiscal Year:

\$ 3,345,232

## 7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

\$ 1,440,293

## 8. Total Number of Families or Individuals Served under the Program with MOE Funds:

134,394 children/families

This last figure represents (check one):

☐ The average monthly total for the fiscal year.

☒ The total served over the fiscal year.

STATE: New Hampshire

Fiscal Year to which Credit Applies: FFY 2007

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes ☐ No ☒

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 1,904,939

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. Smith

TITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

Attachment C

**Annual Report on State Maintenance-of-Effort Programs: ACF-204**State New HampshireFiscal Year FFY 2006**Date Submitted 04-12-2007**

Provide the following information for **EACH PROGRAM** for which the State claims MOE expenditures.

1. Name of Benefit or Service Program:

Youth Services & Children in Need of Services (CHINS) programs

2. Description of the Major Program Benefits, Services, and Activities:

The division for juvenile justice services is responsible for providing supervision and rehabilitative services to youth between ages 12 to 17 years old. It includes a wide variety of programs designed to educate and council juveniles in preparation for their return to society. The program serves individuals who are low-risk offenders. Parenting skills, living skills, substance abuse, educational opportunities, vocational courses, and family planning and counseling are some of the many services provided. Prevention programs provide awareness and education, which lead to better choices by the program recipients. Program offerings include behavior modification opportunities leading to better citizenship and outcomes that in the longer term, contribute to reducing incidences of unplanned pregnancies

3. Purpose(s) of Benefit or Service Program:

To prevent and reduce the incidence of out-of-wedlock pregnancies.

4. Program Type. (Check one)

☐ This Program is operated under the TANF program.

☒ This Program is a separate State program.

5. Description of Work Activities in the SSP-MOE program i.e. complete only if this program is a separate State program):

Not Applicable

6. Total State Expenditures for the Program for the Fiscal Year:

\$ 7,220,854

7. Total State Expenditures Claimed as Excess MOE under the program for the Fiscal Year

ATTACHMENT TO FORM ACF 202- CASELOAD REDUCTION CREDIT REPORT

\$ 1,540,744

8. Total Number of Families or Individuals Served under the Program with MOE Funds:

3,673 Individuals

This last figure represents (check one):

☐ The average monthly total for the fiscal year.☒ The total served over the fiscal year.

9. Eligibility Criteria for Receiving MOE-funded Benefits or Services under the Program:

Not Applicable.

10. Prior Program Authorization: Was this program authorized and allowable under prior law (i.e., as defined at §260.30)? (Check one)

Yes ☐ No ☒

11. Total Program Expenditures in FY 1995.

(NOTE: provide only if the response on to question 10 is No.)

\$ 5,680,110

**This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."**

SIGNATURE: \_\_\_\_\_

NAME: Terry R. SmithTITLE: Director

Approved OMB No. 0970-0199 Form ACF-204.